1039986 OMB APPROVAL

# FORM D



## UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Expires:

OMB Number:

3235-0076 May 31, 2005

Estimated average burden hours per response..... 1

∕ŠEČ USE ONLY

Serial

DATE RECEIVED

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Equator Technologies, Inc. Series E and F Preferred Stock Financing           |   |
|---|---|
| Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506  Type of Filing:  Amendment  | Section 4(6) ULOE                                     |
| A. BASIC IDENTIFICATION DATA  |   |
| 1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Equator Technologies, Inc. |   |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 1300 White Oaks Road, Campbell, CA 95008-6723   | Telephone Number (Including Area Code) (408) 369-5200 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Same as above                                    | Telephone Number (Including Area Code) Same as above  |
| Brief Description of Business Provides performance VLIW processors for computation-intensive digital imaging, media and comp  | nunications applications.                             |
| Type of Business Organization  Corporation  Dimited partnership, already formed  District partnership, to be formed  other  | (please specify):                                     |
| Actual or Estimated Date of Incorporation or Organization:    Month Year  | Actual Estimated  ate:  D E                           |

#### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### . ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

|                         |                     |                                |   | A                                  | A. BASIC I            | DENTI    | FICATION DATA         |             |  |             |                                    |
|-------------------------|---------------------|--------------------------------|---|------------------------------------|-----------------------|----------|-----------------------|-------------|--|-------------|------------------------------------|
| • E                     | ach beneficial ow   | ne issue<br>ner hav<br>cer and | r, if the issuer<br>ing the power<br>director of co | has been<br>to vote or<br>porate i | issuers and of corpor | the vote |                       |             |  |             | securities of the issuer;          |
| Check Box(              | (es) that Apply:    |                                | Promoter  | $\boxtimes$                        | Beneficial Owner      |          | Executive Officer     | $\boxtimes$ | Director                               |             | General and/or<br>Managing Partner |
| Full Name (             | Last name first, i  | f indiv                        | idual)  |                                    |                       |          |                       |             |  |             |                                    |
| Bradford F              | arkas               |                                |   |                                    |                       |          |                       |             |  | ·           | ·                                  |
| Business or             | Residence Addre     | ss (Nu                         | mber and Stre                                       | eet, City                          | , State, Zip Code)    |          |                       |             |  |             |                                    |
| i-Hatch Vei             | ntures LLC, 599     | Broad                          | lway, 11th Fi                                       | oor, Ne                            | ew York, NY 1001      | 12       | ·                     |             |  |             | <u> </u>                           |
| Check Box(              | es) that Apply:     |                                | Promoter  |                                    | Beneficial Owner      |          | Executive Officer     | $\boxtimes$ | Director                               |             | General and/or<br>Managing Partner |
| Full Name (             | Last name first, i  | f indiv                        | idual)  |                                    |                       |          |                       |             |  |             |                                    |
| Norman Kı               | umar                |                                |   |                                    |                       |          |                       | <u> </u>    |  | ·           |                                    |
| Business or             | Residence Addre     | ss (Nu                         | mber and Stre                                       | et, City                           | , State, Zip Code)    |          |                       |             |  |             | •                                  |
| CIBC WM                 | C Inc., BCE Plac    | ce, 161                        | Bay Street, 8                                       | 8th Floo                           | or, Toronto, Onta     | rio Car  | ianda M5J 2S8         |             |  |             |                                    |
| Check Box(              | es) that Apply:     |                                | Promoter  | Ø                                  | Beneficial Owner      | ×        | Executive Officer     | $\boxtimes$ | Director                               |             | General and/or<br>Managing Partner |
| Full Name ( John S. O'L | Last name first, i  | f indivi                       | dual)   |                                    |                       |          |                       |             |  |             |                                    |
| Business or             | Residence Addre     | ss (Nu                         | mber and Stre                                       | et, City                           | , State, Zip Code)    |          |                       |             |  | ·           |                                    |
| 42 Chathan              | n Avenue, Buffal    | lo, NY                         | 14216   |                                    |                       |          |                       |             |  |             |                                    |
| Check Box(e             | es) that Apply:     |                                | Promoter  | $\boxtimes$                        | Beneficial Owner      |          | Executive Officer     | $\boxtimes$ | Director                               |             | General and/or<br>Managing Partner |
| Full Name (I            | Last name first, it | indivi                         | dual)   |                                    |                       |          | ,                     |             |  |             |                                    |
| William Sho             | eehan               |                                |   |                                    |                       |          |                       |             |  |             |                                    |
| Business or             | Residence Addre     | ss (Nur                        | nber and Stre                                       | et, City                           | , State, Zip Code)    |          |                       |             |  |             |                                    |
| Ironside Ve             | ntures, LLC, Ba     | y Colo                         | ny Corporat   | e Cente                            | er, 950 Winter Str    | eet, Su  | ite 1400, Waltham,    | MA          | 02451                                  |             | ·                                  |
| Check Box(e             | es) that Apply:     |                                | Promoter  |                                    | Beneficial Owner      |          | Executive Officer     | ×           | Director                               |             | General and/or<br>Managing Partner |
| Full Name (I            | Last name first, if | indivi                         | dual)   |                                    |                       |          |                       |             |  |             |                                    |
| Richard E.              | Christopher         |                                |   |                                    | <del></del>           | <u></u>  |                       |             |  | ·           |                                    |
| Business or l           | Residence Addre     | ss (Nur                        | nber and Stree                                      | et, City,                          | , State, Zip Code)    |          |                       |             |  | -           |                                    |
| Equator Te              | chnologies, Inc.,   | 1300 V                         | Vhite Oaks F  | Road, C                            | ampbell, CA 950       | 08       |                       |             | ·                                      | ·           |                                    |
| Check Box(e             | es) that Apply:     |                                | Promoter  | $\boxtimes$                        | Beneficial Owner      |          | Executive Officer     |             | Director                               |             | General and/or<br>Managing Partner |
| Full Name (I            | Last name first, if | individ                        | iual)   |                                    |                       |          |                       |             |  |             |                                    |
|                         |                     | s (Nun                         | nber and Stree                                      | et. City.                          | State, Zip Code)      |          |                       |             |  | <del></del> |                                    |
|                         |                     |                                |   | -                                  | ntreal Quebec, Ca     | nada I   | H2Y 2H1               |             |  |             |                                    |
| <del></del>             | es) that Apply:     |                                | Promoter  |                                    | Beneficial Owner      |          | Executive Officer     |             | Director                               |             | General and/or<br>Managing Partner |
| Full Name (I            | Last name first, if | individ                        | lual)   |                                    | <del></del>           |          |                       |             | ······································ | <u>,</u>    |                                    |
|                         | munications Inc     |                                | ,   |                                    |                       | ,        |                       |             |  |             | ·                                  |
|                         |                     |                                | iber and Stree                                      | t, City.                           | State, Zip Code)      |          |                       |             | ····································   |             |                                    |
|                         | treet East, Toron   |                                |   |                                    |                       |          |                       |             |  |             |                                    |
|                         | ·····               |                                |   |                                    |                       | ditiona  | l copies of this shee | , as n      | ecessary)                              |             |                                    |

| Check Box(es) that Apply:                    |          | Promoter       | $\boxtimes$ | Beneficial Owner   |        | Executive Officer |             | Director                               |   | General and/or<br>Managing Partner |
|--|----------|----------------|-------------|--------------------|--------|-------------------|-------------|--|---|------------------------------------|
| Full Name (Last name first, a JAFCO Co. Ltd. | if indiv | ridual)        | ,           |                    |        |                   |             |  |   |                                    |
| Business or Residence Addre                  | ess (Nu  | imber and Stre | et, City    | , State, Zip Code) | ·      |                   |             |  |   |                                    |
| Attn: Barry Schiffman, 505                   | Ham      | ilton Avenue,  | Palo A      | Ito, CA 94301      |        |                   |             |  |   |                                    |
| Check Box(es) that Apply:                    |          | Promoter       | $\boxtimes$ | Beneficial Owner   |        | Executive Officer |             | Director                               |   | General and/or<br>Managing Partner |
| Full Name (Last name first, i                |          |                |             |                    |        |                   |             |  |   |                                    |
| MMC Capital Communica                        |          |                |             |                    |        |                   |             | · · · · · · · · · · · · · · · · · · ·  | · |                                    |
| Business or Residence Addre                  | ,        |                |             |                    |        |                   |             |  |   |                                    |
| Attn: Daniel Rosenthal, 125                  | 55 23'4  | Street NW, 5   | " Floo      | <del> </del>       | . 2003 | 7                 |             |  |   |                                    |
| Check Box(es) that Apply:                    |          | Promoter       | —⊠<br>——    | Beneficial Owner   |        | Executive Officer |             | Director                               |   | General and/or<br>Managing Partner |
| Full Name (Last name first, i                | f indiv  | idual)         |             |                    |        |                   |             |  |   |                                    |
| i-Hatch Ventures LLC,                        |          |                |             |                    |        |                   |             |  |   |                                    |
| Business or Residence Addre                  | ess (Nu  | mber and Stre  | et, City    | , State, Zip Code) |        |                   |             |  |   |                                    |
| 599 Broadway, 11th Floor,                    | New Y    | ork, NY 100    | 12          | `.                 |        |                   |             |  |   |                                    |
| Check Box(es) that Apply:                    |          | Promoter       | Ø           | Beneficial Owner   |        | Executive Officer |             | Director                               |   | General and/or<br>Managing Partner |
| Full Name (Last name first, i CIBC WMC Inc., | findiv   | idual)         |             |                    |        |                   |             |  |   |                                    |
| Business or Residence Addre                  | ss (Nu   | mber and Stree | et, City    | , State, Zip Code) |        |                   |             |  |   |                                    |
| BCE Place, 161 Bay Street,                   |          |                | -           | •                  | 88     |                   |             |  |   |                                    |
| Check Box(es) that Apply:                    |          | Promoter       | $\boxtimes$ | Beneficial Owner   |        | Executive Officer |             | Director                               |   | General and/or<br>Managing Partner |
| Full Name (Last name first, i                | findiv   | idual)         |             |                    | -      |                   |             |  |   |                                    |
| Business or Residence Addre                  | ee (Nu   | mber and Stree | et City     | State 7in Code)    |        |                   |             |  |   |                                    |
| Bay Colony Corporate Cen                     | •        |                |             |                    | MAG    | 12451             |             |  |   |                                    |
| Check Box(es) that Apply:                    |          | Promoter       |             | Beneficial Owner   |        | Executive Officer |             | Director                               |   | General and/or                     |
| Full Name (Last name first, i                | f indivi | idual)         | <u> </u>    |                    |        |                   | <del></del> | - An Las                               |   | Managing Partner                   |
|  |          | ,              |             |                    |        |                   |             |  |   |                                    |
| Business or Residence Addre                  | ss (Nu   | mber and Stree | et, City,   | State, Zip Code)   |        |                   |             |  |   |                                    |
| Check Box(es) that Apply:                    |          | Promoter       |             | Beneficial Owner   |        | Executive Officer |             | Director                               |   | General and/or<br>Managing Partner |
| Full Name (Last name first, it               | findivi  | dual)          |             |                    |        |                   |             | ************************************** |   |                                    |
| Business or Residence Addre                  | ss (Nu   | mber and Stree | t, City,    | State, Zip Code)   |        |                   | <del></del> |  |   |                                    |
| Check Box(es) that Apply:                    |          | Promoter       |             | Beneficial Owner   |        | Executive Officer |             | Director                               |   | General and/or<br>Managing Partner |
| Full Name (Last name first, if               | indivi   | dual)          |             |                    |        |                   |             |  |   | <u> </u>                           |
| Business or Residence Addres                 | ss (Nur  | nber and Stree | t, City,    | State, Zip Code)   |        |                   |             |  |   |                                    |
|  |          |                |             |                    |        |                   |             |  |   |                                    |

|  |  | 4 .   |  | В.   | INFO   | RMATION                                | ABOUT OF                          | FFERING                               |                                  |                             |                                   |                              |
|--|--|---|--|--|--|--|-----------------------------------|---------------------------------------|----------------------------------|-----------------------------|-----------------------------------|------------------------------|
| <ol> <li>Has</li> </ol>  | the issuer sold  | or does the   | issuer intend  | to sell to no  | n-accredited   | investors in                           | this offering                     | )                                     |                                  |                             | Yes                               | No<br>⊠                      |
| , ,,   | ,  | , or does are   | 100 WOT INTOING  |  |  |  | _                                 |                                       |                                  |                             |                                   |                              |
| 2. Wha   | at is the minim  | um investme   | nt that will be  |  |  |  | _                                 |                                       |                                  |                             | \$ <u>No</u>                      | Minimum                      |
| 2 Don  | a tha affanina n   | it isint a  | marchin of   | منسمام سند   | ,  |  |                                   |                                       |                                  |                             | Yes                               | No                           |
|  |  | -   |  |  |  |  |                                   |                                       |                                  |                             | M                                 | L                            |
| remi<br>pers<br>than   | uneration for so<br>on or agent of a   | olicitation of a broker or de   | purchasers in<br>aler registere                                    | connection version with the SI                                 | with sales of:<br>EC and/or wi                         | securities in t<br>th a state or s     | he offering. I<br>tates, list the | f a person to be<br>name of the b     | oe listed is ar<br>roker or deal | n associated<br>ler If more |                                   |                              |
| Full Name  | e (Last name fi  | rst, if individ   | lual)  |  |  |  |                                   |                                       |                                  |                             |                                   |                              |
| N/A  | Davidana A   | ddana Olym  | han and Street   | t City State   | 7in Code   | <del></del>                            | <del></del>                       |                                       |                                  | ·                           | <del></del>                       |                              |
| Business   | or Residence A   | daress (Num   | iber and Stree   | i, City, State   | e, Zip Code)   |  |                                   |                                       |                                  |                             |                                   |                              |
| Name of A  | Associated Bro   | ker or Dealer   |  | · · · · · · · · · · · · · · · · · · ·                          | · · · · · · · · · · · · · · · · · · ·                  |  | <del></del>                       | · · · · · · · · · · · · · · · · · · · |                                  |                             |                                   | ·                            |
| States in V  | Vhich Person I   | isted Has So  | olicited or Inte   | ends to Solic  | it Purchasers  | <u> </u>                               | <del></del>                       |                                       |                                  | <del></del>                 | <del></del>                       |                              |
| (Check   | "All States" or  | check indiv   | iduals States)   |  |  |  |                                   |                                       |                                  |                             | □ A                               | 1 States                     |
| [AL]   | [AK]   | [AZ]  | . [AR]   | [CA]   | [CO]   | [CT]                                   | [DE]                              | [DC]                                  | [FL]                             | [GA]                        | [HI]                              | [ID]                         |
| [IL]   | [IN]   | [IA]  | [KS]   | [KY]   | [LA]   | [ME]                                   | [MD]                              | [[MA]                                 | [MI]                             | [MN]                        | [MS]                              | [MO]                         |
| [MT]   | [NE]   | [NV]  | [NH]   | [NJ]   | [NM]   | [NY]                                   | [NC]                              | [ND]                                  | [OH]                             | [OK]                        | [OR]                              | [PA]                         |
| [RI]   | [SC]   | [SD]  | [TN]   | [XT]   | [UT]   | [VT]                                   | [VA]                              | [WA]                                  | [WV]                             | [WI]                        | [WY]                              | [PR]                         |
|  | (Last name fir   | st, if individ  | ual)   |  |  |  |                                   |                                       |                                  |                             |                                   | `                            |
| N/A<br>Business o  | r Residence A  | ddress (Num   | ber and Stree  | t, City, State   | . Zip Code)  | ······································ |                                   |                                       |                                  |                             |                                   |                              |
|  |  |   |  |  | , - ,  |  |                                   |                                       |                                  |                             |                                   |                              |
| Name of A  | associated Brok  | er or Dealer  |  |  |  |  |                                   |                                       |                                  |                             |                                   |                              |
|  |  |   |  |  |  |  |                                   |                                       |                                  |                             |                                   |                              |
| States in W  | Vhich Person L   | isted Has So  | licited or Inte  | nds to Solici  | it Purchasers  |  |                                   |                                       |                                  |                             |                                   |                              |
|  |  |   |  |  |  |  | •••••                             |                                       |                                  | •••••                       | □ A                               | 1 States                     |
|  |  |   |  |  |  |  | [DE]                              | [DC]                                  | [FL]                             | [GA]                        | ☐ A:[HI]                          | l States                     |
| (Check   | "All States" or  | check indivi  | duals States)  | ••••••   |  | ••••••                                 |                                   |                                       | [FL]<br>[MI]                     | [GA]<br>[MN]                |                                   |                              |
| (Check   | "All States" or [AK]   | check indivi  | duals States)<br>[AR]  | [CA]   | [CO]   | [CT]                                   | [DE]                              | [DC]                                  | . ,                              |                             | [HI]                              | [ID]<br>[MO]                 |
| (Check [AL]  | "All States" or<br>[AK]<br>[IN]  | check indivi [AZ] [IA]  | duals States)<br>[AR]<br>[KS]                                      | [CA]<br>[KY]   | [CO]   | [CT]<br>[ME]                           | [DE]<br>[MD]                      | [DC]<br>[[MA]                         | [MI]                             | [MN]                        | [HI]<br>[MS]                      | [ID]                         |
| (Check [AL] [IL] [MT] [RI]   | "All States" or<br>[AK]<br>[IN]<br>[NE]<br>[SC]  | check indivi [AZ] [IA] [NV] [SD]  | duals States) [AR] [KS] [NH] [TN]                                  | [CA]<br>{KY]<br>[NJ]   | [CO] [LA] [NM]   | [CT]<br>[ME]<br>[NY]                   | [DE] [MD] [NC]                    | [DC]<br>[[MA]<br>[ND]                 | [MI]                             | [MN]                        | [HI]<br>[MS]<br>[OR]              | [ID]<br>[MO]<br>[PA]         |
| (Check [AL] [IL] [MT] [RI] Full Name   | "All States" or  [AK]  [IN]  [NE]  [SC]  (Last name first  | check indivi<br>[AZ]<br>[IA]<br>[NV]<br>[SD]  | duals States) [AR] [KS] [NH] [TN]                                  | [CA]<br>[KY]<br>[NJ]<br>[TX]                                   | [CO] [LA] [NM] [UT]                                    | [CT]<br>[ME]<br>[NY]                   | [DE] [MD] [NC]                    | [DC]<br>[[MA]<br>[ND]                 | [MI]                             | [MN]                        | [HI]<br>[MS]<br>[OR]              | [ID]<br>[MO]<br>[PA]         |
| (Check [AL] [IL] [MT] [RI] Full Name N/A Business or                         | "All States" or  [AK]  [IN]  [NE]  [SC]  (Last name first  | Very   No   No   Answer also in Appendix, Column 2, if filling under ULOE.   S   No Minimum investment that will be accepted from any individual?   S   No Minimum investment that will be accepted from any individual?   S   No Minimum investment that will be accepted from any individual?   Very   No   No   No   No   No   No   No   N |  |  |  |  |                                   |                                       |                                  |                             |                                   |                              |
| (Check [AL] [IL] [MT] [RI] Full Name N/A Business or                         | "All States" or  [AK]  [IN]  [NE]  [SC]  (Last name first  | check indivi  [AZ]  [IA]  [NV]  [SD]  st, if individu   | duals States) [AR] [KS] [NH] [TN]                                  | [CA]<br>[KY]<br>[NJ]<br>[TX]                                   | [CO] [LA] [NM] [UT]                                    | [CT]<br>[ME]<br>[NY]                   | [DE] [MD] [NC]                    | [DC]<br>[[MA]<br>[ND]                 | [MI]                             | [MN]                        | [HI]<br>[MS]<br>[OR]              | [ID]<br>[MO]<br>[PA]         |
| (Check [AL] [IL] [MT] [RI] Full Name N/A Business of Name of A               | "All States" or  [AK]  [IN]  [NE]  [SC]  (Last name first residence Addressociated Broke) (high Person Liebert  | [AZ] [IA] [NV] [SD]  st, if individual dress (Number or Dealer  | (AR) [KS] [NH] [TN]  per and Street                                | [CA] [KY] [NJ] [TX] , City, State,                             | [CO] [LA] [NM] [UT]  Zip Code)                         | [CT] [ME] [NY] [VT]                    | [DE]<br>[MD]<br>[NC]<br>[VA]      | [DC] [[MA] [ND] [WA]                  | [MI]<br>[OH]<br>[WV]             | [MN]                        | [HI]<br>[MS]<br>[OR]<br>[WY]      | [ID]<br>[MO]<br>[PA]<br>[PR] |
| (Check [AL] [IL] [MT] [RI] Full Name N/A Business on Name of A               | "All States" or  [AK]  [IN]  [NE]  [SC]  (Last name first residence Addressed Brok  Thich Person Liter and States or a state of the states of  | [AZ] [IA] [NV] [SD]  st, if individudress (Number or Dealer sted Has Solicheck individuals)   | [AR] [KS] [NH] [TN]  er and Street  duals States).                 | [CA] [KY] [NJ] [TX] , City, State,                             | [CO] [LA] [NM] [UT]  Zip Code)                         | [CT] [ME] [NY] [VT]                    | [DE] [MD] [NC] [VA]               | [DC] [[MA] [ND] [WA]                  | [MI]<br>[OH]<br>[WV]             | [MN]<br>[OK]<br>[WI]        | [HI] [MS] [OR] [WY]               | [ID] [MO] [PA] [PR]          |
| (Check [AL] [IL] [MT] [RI] Full Name N/A Business of Name of A: Check " [AL] | "All States" or  [AK]  [IN]  [NE]  [SC]  (Last name first residence Addressociated Broke States are all the content of the con | [AZ] [IA] [NV] [SD]  st, if individual dress (Number or Dealer sted Has Solicheck individual [AZ]   | (AR) [KS] [NH] [TN]  per and Street  icited or Inter duals States) | [CA] [KY] [NJ] [TX] , City, State,                             | [CO] [LA] [NM] [UT]  Zip Code)                         | [CT] [ME] [NY] [VT]                    | [DE] [MD] [NC] [VA]               | [DC] [[MA] [ND] [WA]                  | [MI]<br>[OH]<br>[WV]             | [MN] [OK] [WI]              | [HI] [MS] [OR] [WY]               | [ID] [MO] [PA] [PR]          |
| (Check [AL] [IL] [MT] [RI] Full Name N/A Business on Name of A: (Check "     | "All States" or  [AK]  [IN]  [NE]  [SC]  (Last name first residence Addressed Brok  Thich Person Liter and States or a state of the states of  | (AZ) [IA] [NV] [SD]  st, if individual dress (Number or Dealer sted Has Solucheck individual [AZ] [IA]  | [AR] [KS] [NH] [TN]  er and Street  duals States) [AR] [KS]        | [CA] [KY] [NJ] [TX]  , City, State,  ands to Solicit [CA] [KY] | [CO] [LA] [NM] [UT]  Zip Code)  t Purchasers [CO] [LA] | [CT] [ME] [VT]  [CT] [ME]              | [DE] [MD] [NC] [VA]               | [DC] [[MA] [ND] [WA]                  | [MI] [OH] [WV]                   | [MN] [OK] [WI]              | [HI] [MS] [OR] [WY]  AI [HI] [MS] | [ID] [MO] [PA] [PR]          |

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE  | OF PROCEEDS             |                |                                 |
|----|---|-------------------------|----------------|---------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   | Aggregate               | Amou           | nt Already                      |
|    | Type of Security  | Offering Price          |                | Sold                            |
|    | Debt  | \$                      | \$             |                                 |
|    | Equity  | \$ <u>29,091,347.47</u> | \$ <u>29,</u>  | 091,347.47                      |
|    | ☐ Common ☐ Preferred  |                         |                |                                 |
|    | Convertible Securities (including warrants)   | \$                      | \$             |                                 |
|    | Partnership Interests   | \$                      | \$             |                                 |
|    | Other (Specify)   |                         | \$             |                                 |
|    | Total   | \$ 29,091,347.47        | \$ <u>29,</u>  | 091,347.47                      |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                         |                |                                 |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                         |                | ·                               |
|    |   | Number<br>Investors     | Dolla          | gregate<br>r Amount<br>Purchase |
|    | Accredited investors  | 24                      | \$ <u>29,0</u> | 91,347.47                       |
|    | Non-accredited Investors  | 0                       | \$             | 0                               |
|    | Total (for filings under Rule 504 only)   | 0                       | \$             | 0                               |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                         |                |                                 |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  |                         |                |                                 |
|    | Type of Offering  | Type of Security        |                | r Amount<br>Sold                |
|    | Rule 505  | •                       | \$             | 0 .                             |
|    | Regulation A  | 0                       | \$             | 0                               |
|    | Rule 504  | 0                       | \$             | 0                               |
|    | Total   |                         | \$             | 0                               |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                         | <u> </u>       |                                 |
|    | Transfer Agent's Fees   |                         | \$             |                                 |
|    | Printing and Engraving Costs  |                         | \$             |                                 |
|    | Legal Fees  | $\boxtimes$             | \$1            | 10,000.00                       |
|    | Accounting Fees   |                         | \$             |                                 |
|    | Engineering Fees  |                         | \$_            |                                 |
|    | Sales Commissions (specify finders' fees separately)  | $\Box$                  |                |                                 |
|    | Other Expenses (identify)   |                         | s              |                                 |
|    | Total   |                         | S 1            | 10,000.00                       |
|    |   |                         | *              |                                 |

|     | C. OFFERI   | NG PRICE, NUMBER OF INVESTORS, EX   | PENSES AND U         | SE OF PROC                   | CEEDS   | <u> </u>                 |
|-----|---|---|----------------------|------------------------------|---|--------------------------|
|     | total expenses furnished in response to Pa  | art C - Question 4.a. This difference is the "adju  | isted gross          |                              |   | \$ <u>28,981,347.47</u>  |
| 5.  | the purposes shown. If the amount for any left of the estimate. The total of the payn | y purpose is not known, furnish an estimate and cl<br>ments listed must equal the adjusted gross procee   | heck the box to the  | :                            |   |                          |
|     |   |   |                      | Officers, Dire               | ectors &  | Payments To<br>Others    |
|     | Salaries and fees   |   |                      | <b>\$</b>                    | 0.00  | \$0.00                   |
|     | Purchase of real estate   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | [                    | \$                           | 0.00  | \$0.00                   |
|     | Purchase, rental or leasing and installation  | on of machinery and equipment   | [                    | □ \$                         | 0.00  | s                        |
|     | Construction or leasing of plant building   | s and facilities  | [                    | <b></b> \$                   | 0.00  | s0.00                    |
|     | Acquisition of other businesses (includin   | g the value of securities involved in this offering   | g that may be        |                              |   |                          |
|     |   |   |                      | \$                           | 0.00  | \$ 0.00                  |
|     | Repayment of indebtedness   |   | [                    | <b></b> \$                   | 0.00  | S                        |
|     | Working capital   |   | [                    | □ s                          | 0.00  | \$28,981,347.47          |
|     | Other (specify):  |   | [                    |                              | 0.00  | \$0.00                   |
|     | Column Totals   | Enter the difference between the aggregate offering price given in response to Part C - Question 1 and at expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross secods to the issuer"    S28,981,347  | \$28,981,347.47      |                              |   |                          |
|     | Total Payments Listed (column total   | mn Totals \$ 0.00 \$ \$28,981,34  |                      |                              |   | <u>47.47</u>             |
|     |   | Inter the difference between the aggregate offering price given in response to Part C - Question 1 and expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross seeds to the issuer."  \$28,981,347,47  Tatale below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of surposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the off the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set in response to Part C - Question 4 b above.    Payments to Officers, Directors & Affiliates   Payments to Officers, Directors & Affiliates   South States   South Stat |                      |                              |   |                          |
| und | ertaking by the issuer to furnish the U.S. Secu                                       | urities and Exchange Commission, upon written rec   | notice is filed undo | er Rule 505, the information | : following s<br>furnished by   | signature constitutes at |
|     | ner (Print or Type)   | Signature   | 1                    |                              |   |                          |
|     | ne of Signer (Print or Type)  | Title of Signer (Print or Type)   | Jane                 | iai y 22, 2004               |   |                          |
| Mic | hael Danaher  | Secretary   |                      |                              |   |                          |
|     |   |   |                      |                              |   |                          |
|     |   |   |                      |                              |   |                          |
|     |   |   |                      |                              | \$28,981,347.47    Sample   Sam |                          |
|     |   |   |                      |                              |   |                          |
|     |   |   |                      |                              |   | •                        |
|     |   | ATTENTION _   |                      |                              |   | ·                        |
|     | Internal Definition   | ts or Omissions of East Constitute Federal Cr   | insinal Vialations   | . (Can 10 II                 | S.C. 1001   | `                        |

|      |   | E. STATE SIGNATURE   |                    |           |
|------|---|--|--------------------|-----------|
| 1.   | Is any party described in 17 CFR 230.262 pres   | ently subject to any of the disqualification provisions of such rule?  | Yes                | No        |
|      | •   | See Appendix, Column 5, for state response.  |                    |           |
| 2.   | The undersigned issuer hereby undertakes to f 239,500) at such times as required by state law | rnish to any state administrator of any state in which this notice is filed, a no  | otice on Form D (  | (17 CFR   |
| 3.   | The undersigned issuer hereby undertakes to f   | rnish to the state administrators, upon written request, information furnished   | 1 by the issuer to | offerees. |
| 4.   |   | er is familiar with the conditions that must be satisfied to be entitled to the U otice is filed and understands that the issuer claiming the availability of this isfied. |                    |           |
| The  | issuer has read this notification and knows the   | ontents to be true and has duly caused this notice to be signed on its behalf b  | by the undersigne  | d duly    |
| auth | orized person.  |  |                    |           |
| Issu | er (Print or Type)  | Signature Date   |                    |           |
| Equ  | ator Technologies, Inc.   | January 22, 2004   |                    |           |
| Nan  | ae of Signer (Print or Type)  | Title of Signer (Print or Type)  |                    |           |
| Mic  | hael Danaher  | Secretary  |                    |           |

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| 1            |                           | 2   | 3  |              | 4  | 4                        |        |     | 5              |  |
|--------------|---------------------------|---|--|--------------|--|--------------------------|--------|-----|----------------|--|
| <del>-</del> | Intend<br>non-ac<br>inves | to sell to<br>credited<br>tors in<br>tate | Type of security and aggregate offering price offered in state (Part C – Item 1) | No. 10 a     | Type of investor and amount purchased in State (Part C-Item 2) Number of |                          |        |     |                |  |
|              |                           |   |  | Accredited   |  | Number of Non-Accredited |        |     |                |  |
| State        | Yes                       | No  |  | Investors    | Amount   | Investors                | Amount | Yes | No             |  |
| AL           |                           |   |  |              |  |                          |        |     | <del> </del>   |  |
| AK<br>AZ     |                           |   |  |              |  |                          |        |     | <del> </del>   |  |
| AR           |                           |   |  |              |  | ·                        |        |     | <del> </del> - |  |
| CA           | ·                         | X   | . Series E and F<br>Preferred Stock  | 7            | \$5,648,196.34   |                          |        |     | X              |  |
| CO           | <del> </del>              |   |  | <del> </del> |  |                          |        |     |                |  |
| СТ           |                           | X   | Series E and F Preferred Stock   | 3            | \$36,039.63  |                          |        |     | Х              |  |
| DE           |                           |   |  |              |  |                          |        |     |                |  |
| DC -         |                           | Х   | Series E and F<br>Preferred Stock  | 1            | \$4,505,058.25   |                          |        |     | Х              |  |
| FL           |                           | Х   | Series E and F<br>Preferred Stock  | 1            | \$56,044.21  |                          |        |     | Х              |  |
| GA           |                           |   |  |              |  |                          |        |     |                |  |
| HI           |                           |   | ·  |              | ·  |                          | ·      |     |                |  |
| ID           |                           |   |  |              |  |                          |        |     |                |  |
| IL           |                           |   |  |              |  |                          |        |     |                |  |
| IN           |                           |   |  |              |  |                          |        |     |                |  |
| IA           |                           |   |  |              |  |                          |        |     |                |  |
| KS           |                           |   |  |              |  |                          |        |     |                |  |
| KY           |                           |   |  |              |  |                          |        |     |                |  |
| LA           |                           |   |  |              |  |                          |        |     |                |  |
| ME           |                           |   | ·  |              |  |                          |        |     |                |  |
| MD           |                           |   | • .  |              |  |                          |        |     |                |  |
| MA           |                           | X   | Series E and F<br>Preferred Stock  | 2            | \$1,154,543.52   |                          |        |     | Х              |  |
| MI           |                           |   |  |              |  |                          |        |     |                |  |
| MN           |                           |   |  |              |  |                          |        |     |                |  |
| MS           |                           |   |  |              |  |                          |        |     |                |  |
| мо           |                           |   |  |              |  | <br>                     |        | · · |                |  |
| MT           |                           |   |  |              |  |                          |        |     |                |  |

| 1            |                       | 2  | 3                                 |                                      | 5   |  |                                       |     |    |
|--------------|-----------------------|----|-----------------------------------|--------------------------------------|---|--|---------------------------------------|-----|----|
| <b>6</b> . \ | non-ac<br>inves<br>St |    |                                   |                                      | Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1) |  |                                       |     |    |
| NE           |                       |    |                                   |                                      |   |  | · · ·                                 |     |    |
| NV           |                       |    |                                   |                                      |   |  |                                       |     |    |
| State        | Yes                   | No |                                   | Number of<br>Accredited<br>Investors | Amount  | Number of<br>Non-Accredited<br>Investors | Amount                                | Yes | No |
| NH           |                       |    |                                   |                                      |   |  |                                       |     |    |
| NJ           |                       |    |                                   |                                      |   |  |                                       |     |    |
| NM           |                       |    |                                   |                                      |   |  |                                       |     |    |
| NY,          |                       | Х  | Series E and F<br>Preferred Stock | 6                                    | \$8,604,472.20  |  |                                       |     | х  |
| NC           |                       |    |                                   |                                      |   |  |                                       |     |    |
| ОН           |                       |    |                                   |                                      |   |  |                                       |     |    |
| OK           |                       |    |                                   |                                      |   |  |                                       |     |    |
| OR           |                       |    |                                   |                                      |   |  |                                       |     |    |
| PA           |                       |    |                                   |                                      |   |  |                                       |     |    |
| RI           |                       |    |                                   |                                      |   |  |                                       |     |    |
| SC           |                       |    |                                   |                                      |   |  |                                       |     |    |
| SD           |                       |    |                                   |                                      |   |  |                                       |     |    |
| TN           |                       |    |                                   |                                      |   |  | · · · · · · · · · · · · · · · · · · · |     |    |
| TX           |                       | Х  | Series E and F<br>Preferred Stock | . 1                                  | \$886,027.49  |  |                                       |     | х  |
| UT           |                       |    |                                   |                                      |   |  |                                       |     |    |
| VT           |                       |    |                                   |                                      |   |  |                                       |     |    |
| VA           |                       |    |                                   |                                      |   |  |                                       |     |    |
| WA           |                       |    |                                   |                                      |   |  |                                       |     |    |
| WI.          |                       |    |                                   |                                      |   |  |                                       |     |    |
| WY           |                       |    |                                   |                                      |   |  |                                       |     |    |
| PR           |                       |    |                                   |                                      |   |  |                                       |     |    |

Includes international investments from the following: